

Study Guide

Committee on the Status of Women (CSW)



elbMUN

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Dresden, Germany

Welcome letter

Distinguished Delegates,

A warm welcome to ElbMUN 2022 in the beautiful city of Dresden

As your Chairpersons, we would like to briefly introduce ourselves to you:

Your chairs for the duration of elbMUN 2022 in the Committee on the Status of Women



Hello delegates! This is Iqra A. Malik from Pakistan. I am an Organisational Psychologist and a Youth Trainer. I welcome you all to the committee of CSW. I am very excited to meet you all at the conference and I am sure that you must be excited for it too. My advice to you is to do good research about your topic, give your best and most importantly enjoy the experience and make it a learning opportunity. Best of luck to you all, can't wait to see you!



Dear Delegates, I am Nico and happy to welcome you into the Committee on the Status of Women as a part of elbMUN this year! At present, I am studying political sciences and law at the University of Münster. Furthermore, I am highly interested in (international) politics and a MUN enthusiast, who is engaged to make your conference in Dresden a unique MUN-experience.

In my free time, I frequently participate in academies, work in a foundation and am active as a leader of a youth group in church.

If I could give you a tip in advance, I would like to tell you that with the right concept and motive, a Model United Nations can be of incredible value for each and every one of us, so let us try our best!

Best regards,

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About the council

You will be participating as Delegates in the Commission on the Status of Women (CSW), replicating the CSW in the UN, a functional commission of the Economic and Social Council (ECOSOC), which is one of the six main bodies of the United Nations. (1,2) With its focus on strengthening economic, social, and environmental expansion, the ECOSOC is the backbone of sustainable development of the UN. The CSW on its part is the major global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women. It is important that the CSW is intensively cooperating with the ECOSOC, which not only sets the legal framework of the CSW, but furthermore articulates its interests through the resolutions of the ECOSOC, as the CSW itself cannot pass resolutions.

Structure, and Membership

The ECOSOC consists of 54 member states including one presidency and four vice-presidencies. The members are elected for three years by the General Assembly. Furthermore, there is a geographical allocation of Seats in the council to strengthen the representative basis. Fourteen are allocated to Africa, eleven to Asian states, six to Eastern European states, ten to Latin America and Caribbean and thirteen to Western European and other states. The president and the four vice-presidents are elected at the first session of the ECOSOC by the vote of the Council members. Together they form the Bureau of the ECOSOC.

The members of the CSW are decided upon by vote of the ECOSOC for a period of four years based on a similar distribution to the one of the ECOSOC. The allocation formula states that members should be coming from the following regions: 13 members from Africa, 11 from Asia, nine from Latin America and Caribbean, eight from Western Europe and other States and four from Eastern Europe. Furthermore, the CSW itself forms a Bureau, consisting of the Chairperson and another four Vice-chairs. They are elected by the members of the Commission

for the duration of two years. The current line-up for the 66th session of the CSW (2022) consists of the following persons:

- H.E. Ms. Mathu Joyini (South Africa), Chair (African States Group)
- Ms. Pilar Eugenio (Argentina), Vice-Chair (Latin American and Caribbean States Group)
- H.E. Ms. Antje Leendertse (Germany), Vice-Chair designate (Western European and Other States Group)
- Mr. Māris Burbergs (Latvia), Vice-Chair designate (Eastern European States Group)
- Ms. Hye Ryoung Song (Republic of Korea), Vice-Chair designate (Asia and Pacific States Group)

The Bureau plays a vital role in the preparation and managing of the Commissions work.

National Cooperation and Funding

The Commission on the Status of Women does not include general subsidiary organs, as the UNSC or the UNGA does, but rather closely cooperates with multiple national committees, which are organised on a voluntary basis through national parties. States with national committees for UN women include Australia, Austria, Finland, France, Germany, Iceland, Japan, the Netherlands, New Zealand, Sweden, the United Kingdom and the United States.

Another important aspect of cooperation is the funding of the CSW. In 2020, 96 partners provided a total of 165.8 million USD in (core) resources in addition to multiple million USD in other resources. In 2020 the EU was the largest contributor to UN Women with resources of 74.7 million USD.

Function and Working Methods

The main task of the commission is to present problems, construct multi-year programmes of work and then review the progress made on active plans during the annual sessions, which are held for about 2 weeks in the UN Headquarters in New York.

The working methods target plan setting, as the field of action is extremely wide and cannot be tackled on a single basis with every UN state. Furthermore, the commendations of the commission, or eventually the resolutions of the ECOSOC are not legally binding, so anything beyond a programmatic setting of an agenda cannot be legally enforced.

Present priorities and programme of work

The most present multi-year programme of work for the current period (2021 until 2024) was

set with the adoption of the ECOSOC resolution (ECOSOC res. 2020/15) and sets a definitive agenda. In conjunction with resolutions of the prior years the current work of the CSW is focussed on the following topics:

1. “Women’s full and effective participation and decision-making in public life, as well as the elimination of violence, for achieving gender equality and the empowerment of all women and girls.”
 - a. Review: Women’s empowerment and the link to sustainable development.
(based on the 60th session of CSW - held in 2016)
2. “Achieving gender equality and the empowerment of all women and girls in the context of climate change, environmental and disaster risk reduction policies and programmes.”
 - a. Review: Women’s economic empowerment in the changing world of work.
(61st CSW session - 2017)
3. “Innovation and technological change, and education in the digital age for achieving gender equality and the empowerment of all women and girls.”
 - a. Review: Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls. (62nd CSW session - 2018)
4. “Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective.”
 - a. Review: Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls.
(63rd CSW session - 2019)

Conclusion

As the major international single body dedicated to the empowerment of women from all around the globe, as well as the elimination of all forms of present violence against women, the Commission on the Status of Women - as a functional and constant commission of the ECOSOC - plays a crucial role in the international endeavours and activism for women. Not only does the commission set the goals of the international communities of multiple and diverse topics and problems, but furthermore reviews them and sets outlooks and plans for the development of a more humane, fairer and better future not only for a group of people, but everyone.

References and sources for further research

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- Official UN ECOSOC, <https://www.un.org/ecosoc/en/content/about-us>
- Official UN ECOSOC, <https://www.un.org/ecosoc/en/FAQ>
- UN Resolution (ECOSOC 5715) https://www.un.org/ga/search/view_doc.asp?symbol=E/5715/Rev.2
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Topic 1: Violence Against Women: The Elimination of Female Genital Mutilation

The United Nations Population Fund defines Female Genital Mutilations/Cutting (FGM/C) as all procedures that involve partial or total removal of the external female genitalia, or other injury to female genital organs for non-medical reasons (WHO, 2018). It is recognised as a violation of human rights throughout the world, as it clearly violates the right to health, security and physical integrity of an individual, as well as the right to be free from torture and cruel, inhumane and degrading treatment. FGM/C is nearly always carried out on underaged girls and it occurs most of the time without their consent. According to UNICEF, in half of the countries with available data, the majority of girls were cut before age 5 (UNICEF, 2013). Consequently, such a practice also goes against the rights of children.

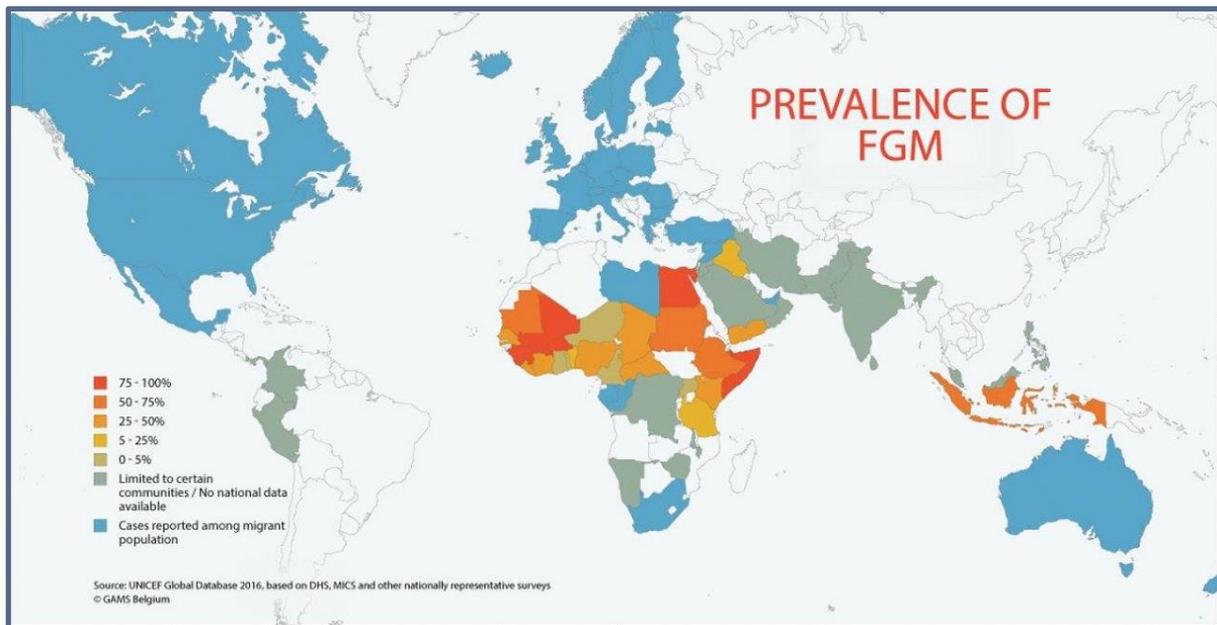
WHO classified FGM/C in 4 different types, all in varying degrees of severity:

Type 1 - Clitoridectomy	Partial or total removal of the clitoris and/or the prepuce.
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Type 2 - Excision	Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora.
Type 3 - Infibulation	Narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together. The adhesion of the labia results in near complete covering of the urethra and the vaginal orifice.
Type 4 - Other	All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

Types 1 and 2 account for 80 % of the cases (WHO, 2018). A joint study made by the WHO and UNICEF estimates that 200 million girls and women alive have been cut in 28 African countries, in the Middle East (Yemen, Saudi Arabia, Oman) and in Asia (India, Indonesia, Malaysia, Sri Lanka, Brunei, Thailand) where FGM/C is concentrated. It also found that five percent of all affected girls and women are estimated to be living in Western countries, and that another 30 million girls are at risk of being cut in the next decade (UNICEF, 2013).

In most societies where FGM/C occurs, the practice is seen as a cultural tradition and this is often used as a reason for its perpetuation. It might also be seen as a social norm, meaning people feel a pressure to conform to what is seen as a widespread custom in order not to be rejected or marginalised. Additionally, FGM/C is carried out because of specific beauty standards for girls and women: the practise is seen as the removal of body parts that are considered unclean and unfeminine. In some communities, FGM/C is seen as a necessary part of raising a girl so as to prepare her for her adult life and her marriage. It may be motivated by the belief of what is considered acceptable sexual behaviour and what is not, as it is sometimes believed FGM/C helps ensure premarital virginity and marital fidelity. Furthermore, some people are mistakenly convinced that FGM/C should be carried out based on religious believes



when in reality, no religion advocates for FGM/C.

FGM/C reflects deep-rooted inequality between sexes for it constitutes an extreme form of discrimination against girls and women. It reflects attempts to control women's sexuality and behaviour, consequently preventing Goal 5 of the Sustainable Development Goals to be achieved. The UN views it as a form of torture and a cruel, inhumane and degrading treatment as it causes an irreversible violation of girls' and women's bodies. Indeed, the degree discrepancy between the high prevalence of the practice and the low support for FGM/C confirms that it is a social obligation: even in countries where most girls and women are cut, a great share of the population is against the practice. By being denied the opportunity to choose for themselves, girls and women are opposed the rights to well-being and self-determination. Moreover, as FGM/C was proven to have no health benefits and to simply cause both physical and mental damage, it makes it impossible for girls who are affected to have the same chances and the same opportunities as boys.

« FGM is a practice that must end (...). It is an act that cuts away equality »

Phumzile Mlambo-Ngcuka, UN Under-Secretary-General and Executive Director of UN Women

Timeline

2007: UNFPA and UNICEF launched the Joint Programme on Female Genital Mutilation/Cutting to speed up the abandonment of the practice.

2008: WHO, together with 9 UN partners (UNAIDS, UNDP, UNECA, UNESCO, UNFPA,

UNHCHR, UNHCR, UNICEF, UN Women), released a statement called “Eliminating female genital mutilation: an interagency statement”. The goal of this statement was to provide increased advocacy to contribute to the abandonment of the practice. It highlighted the urgent need for concerted action in various sectors (health, education, finance, justice and women’s affairs) to achieve major results.

2010: The “Global strategy to stop health care providers from performing female genital mutilations”, published by UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UN Women, WHO, the International Federation of Gynaecology & Obstetrics, the International Council of Nurses, the IOM, The Medical Women's International Association, the World Confederation for Physical Therapy and the World Medical Association, is published. This document brings the challenges posed by the practice to the achievement of the SDGs. It also touches on the way to engage health professionals to support the abandonment of the practice and discusses strategies to speed up the process.

2012: Resolution 67/146 on Intensifying global efforts for the elimination of female genital mutilations was adopted by the UN General Assembly in December. It reflects an international agreement on the fact that FGM/C does constitute a violation of basic human rights that should be addressed all over the world by “all necessary measures, including enacting and enforcing legislation to prohibit female genital mutilations and to protect women and girls from this form of violence, and to end impunity”.

2013: A report with the title “Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change” was published by UNICEF. That report is based on more than 70 national surveys over a twenty-year period that analyses prevalence and trends in FGM/C in 29 countries and thus promotes a better understanding of the practice.

2016: UNICEF updated the report it published in 2013: it relies on an increased number of national surveys and compiles statistics and prevalence rates. In **May 2016**, the first evidence-based guidelines on how to manage complications from FGM/C are launched thanks to a collaboration between UNICEF, UNFPA and WHO. It aims at improving the way women living with FGM/C are taken in charge by health care professionals throughout their life.

Bloc Positions

- **Europe and North America**

In those regions, documented cases of women suffering from FGM/C concern women of immigrant background. An estimated five percent of all the women who have undergone

FGM/C live in Western nations (UNICEF, 2013). Those countries tend to adopt a more liberal view towards women's rights; yet some other countries argued that their approach is problematic as it is a way to try to perpetuate western values abroad. At a regional level, the European Commission is currently working on methods to improve knowledge and data collection on the practice through the development of more precise estimation methods for the number of girls and women affected. The European Commission also funds national awareness campaigns directly targeting FGM/C in four of its member states.

- **African and Middle Eastern countries**

Some African and Middle Eastern countries do have a particularly high FGM/C rate, but it should also be noted that the figures may change drastically from country to country. Therefore, the labelling of FGM as an issue that is mostly "African" might be a dangerous stereotype: while FGM/C is nearly universal in Somalia, Guinea, Djibouti and Egypt, only one percent of women is affected in Cameroon and Uganda. It is similarly important to underline that situations may vary a lot at a national scale, and this shows the issue should be focused on at a community or regional level.

Another important aspect to be underlined is the pace at which decline may happen in some moderately low to very low prevalence countries. In Kenya and the Republic of Tanzania, for example, women aged 45 to 49 are approximately three times more likely to have been cut than girls aged 15 to 19 (UNICEF, 2013).

Conversely, no significant changes in prevalence rates were observed in Chad, Djibouti, Gambia, Guinea-Bissau, Mali, Senegal, Somalia, Sudan and Yemen in recent years. (UNFPA, 2015) Tackling the issue of FGM/C and its consequence on health at the level of the continent should be done by allowing broad access to health facilities and assuring that every girl is able to attend school, as comprehensive education is a means of prevention (UNGA, 2013).

- **Asia**

The concern regarding female genital mutilation is not the same in Asia as in African or Middle Eastern states as the operation is usually carried out by healthcare professionals in a safe medical environment. Religious bodies often put pressure on governments to legitimize and legalize FGM/C, as long as the operation is performed by doctors, trained nurses and midwives and provided that it abides by guidelines set out at a national scale. The majority of the girls and women affected have a Muslim background, and religion is cited as a justification most of

the time. This is the case, for instance, of 80% of those who undergone FGM/C in Malaysia, a country where the prevalence rate was reported to be over 90 percent according to a study run on communities in the north of the country (Batha, 2016). The age at which the operation is conducted also shows major differences between countries, as it varies from infancy (between 40 and 60 days of age in Brunei) to late childhood (between six and 9 years old in the Dawoodi Bohra Community in India and Pakistan).

Conclusion

As FGM takes place mostly in Africa and the Middle East, it is essential to raise awareness in the West, where more people are unfamiliar with the harmful practice. Since women who suffer from FGM/C live all over the world, the subject needs to be treated of global concern. It is important to create more empathy on the matter instead of apathy. In countries with high rates of FGM, women must be educated about their bodies and rights. Moreover, there are several clinics that specialize in rebuilding the clitoris and restoring the genitals to their proper function, as well as grassroots organizations that fund free FGM repair operations through donations. So, reinforcing those clinics and grassroots organizations is a first step.

Educating those who practice FGM has proven to be very effective, as the UNICEF Advocacy Paper on FGM in Somalia shows that many women that performed FGM, having been victims themselves, when correctly informed on the topic, stopped practicing the tradition and instead, became strong advocates for the eradication of FGM. That being said, experts who have examined the situation in depth and are in a position to motivate the public about FGM eradication, are expected to conduct further campaigns.

“Education is the best way to halt mutilation, but posters and workshops are not enough...the circumcisers may be aware of the harmful effects of FGM, but if they do not have something else to do, then they will continue to practice it”. Education is not enough. FGM is also a practice that employs many women, who choose to ignore the cruelty of it and focus on its economic aspect. Therefore, the AU should cooperate with the UN and specific international bodies to create more jobs in countries with high percentages of FGM. Encouraging women to discontinue the practice, while at the same time offering them a different source of income, might be the key to eradicating FGM.

Points for further research

- How do we allow girls and women from all backgrounds access to care and support structures to address both physiological and psychological after-effects, and to make

sure the consequences on health are as limited as possible?

- How to make sure everybody is reached, and what steps can be taken on the way to achieving total eradication?
- Where should the biggest focus be to make sure the question is tackled effectively at a national scale, for the global response to be comprehensive and sustainable?
- How are religious leaders involved in the process of sensibilisation and education (if they are at all)?
- Is there any way follow-up and counselling can take place?
- To what extent is psychological support part of the tackling of FGM/C in your country?
- How do cultural differences come into play in the position to adopt regarding FGM/C and the way its aftereffects are handled?

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Topic 2: Targeting Gender Equality: Creating a Path towards Paid Care Work

First, let us answer the question: what exactly is care work?

Cooking, cleaning, collecting water in remote areas, caring for children and the elderly in the house, helping children with school work. The list goes on. The amount of time spent on these household chores might not seem like a lot. But gradually, it all adds up for women and girls, specifically for those who live in poverty and are from marginalized communities.

Any kind of direct or indirect personal care provided by a person is care work. This includes

household chores and indirect care activities like childcare, caring for elders at home and other domestic work. Such kind of domestic care work is often provided by the women and undoubtedly such domestic care work is an essential element of a well-functioning society. But the problem arises when such care work is overlooked or when the females in a family have to bear more of this burden than the males in the family. The women and girls who are the main caretakers in their family are less likely to have time for themselves for attending schools, colleges or to work professionally.

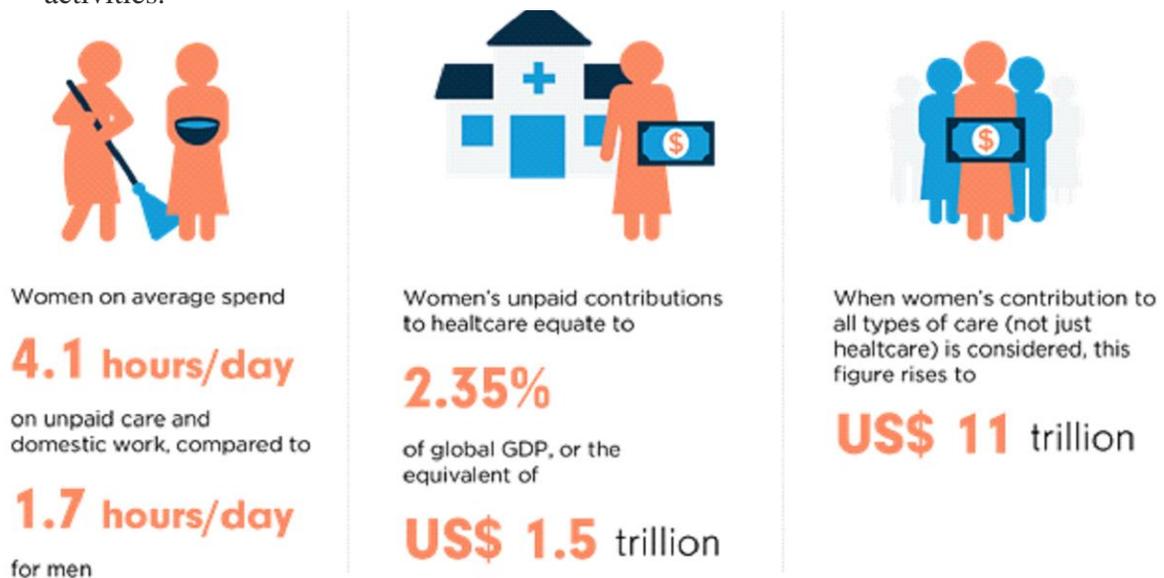
Poor infrastructure and lack of adequate technology makes it even more difficult for people living in poverty to access the basic needs like water and fuel. Climate change is also a factor which is [increasing](#) women's unpaid work in farming along with water and fuel collection. Around the world, the female population spends an estimated [200 million hours](#) daily just in collecting water.



Key Facts

- In sub-Saharan Africa, only 55% of households are within 15 minutes of water and here the about 70% of women and girls are responsible for collecting water for daily use.
- Across the globe, about 42% of women are unable to get jobs because they're busy in caregiving activities to their families.
- Women and girls take up more than 75% of unpaid care work in the world.
- In about 89% of households, women and girls perform the majority household chores.
- In Northern Africa and Western Asia, women generally spend seven times more on unpaid work than other regions around the globe.

- Both, men and women spent twice as much time on unpaid domestic and care work during the pandemic. But women still spent around 2 hours more per day than men on these activities.



Both paid and unpaid care work is essential to the future of a decent work system. In 2015, 2.1 billion people were in need of care (1.9 billion children under the age of 15, and 0.2 billion older persons). By 2030, this number is predicted to increase by 200 million, including 100 million older persons.

Timeline

2009: Agreed Conclusion of the 53rd Session of CSW was “The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS.”

2011: Agreed Conclusion of the 55th Session of CSW was the “Access and participation of women and girls in education, training and science and technology, including for the promotion of women’s equal access to full employment and decent work.”

2015: In 2015, the World Leaders collectively agreed to work on the 17 Global Goals and achieve these goals by the year 2030. One of these 17 Goals is the goal to achieve “Gender Equality” and one of the main targets of this goal is to value unpaid care work and to increase a culture of shared domestic responsibilities among men and women.

2017: Agreed Conclusion of the 61st Session of CSW was “Women’s economic empowerment in the changing world of work.”

Conclusion

The unpaid care work helps the society and economy to function normally. In many ways, the care work can be seen as the solid foundation on which the official industries, services, economies, schools and other institutions are existing. We also need to keep in view the fact that the unpaid work is highly feminized i.e. this responsibility mainly falls on the female gender than their male counterparts and eventually the unpaid care work penalizes women as they're then unable to give time to acquiring education or having full time jobs.

Keeping in view the growing population, changing family dynamics and also the changing of societies creates an urgent need to discuss the shortcomings of social policies regarding this issue. Along with this, solid action plans are needed for the organization of care work from governments, private organizations and individual citizens.

If this issue is not addressed effectively then the existing shortfalls in the care service provision and its quality will eventually create an unembellished and unsustainable global care crisis which will inevitably increase the gender inequality at work.

Sources & Further Reading

- <https://data.unwomen.org/features/covid-19-sends-care-economy-deeper-crisis-mode>
- You can visit this interactive multimedia link designed by UN Women to calculate and see how much time of your life would roughly be spent on unpaid domestic/care work. <https://interactive.unwomen.org/multimedia/explainer/unpaidcare/en/index.html>
- https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf
- Most unpaid care work is done by women around the globe. Here you can see a glimpse of it. https://youtu.be/Ima_bKbI0_Q